



PATIENT

Clyde Quagliana

SPECIES

Canine

BREED

Spaniel Mix

SEX

Neutered male

AGE

6 years

WEIGHT

32.6 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Jesse Gasparro

HOSPITAL NAME

Flanders VC

REFERRING VET

Dr. Cheng

INVOICE

74816

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Inappetence 5 days, splinting on abdomen palpation, dry mm, watery diarrhea, no vomiting
Abnormal PE/Chem/CBC/UA Results: CPLi - negative Radiographs WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly underdistended. Due to this, wall thickness is likely overestimated; the measured thickness of 6.80 mm is not considered reliable. The luminal contents are predominantly anechoic, with a small amount of suspended hyperechoic echoes, which may represent mild sediment. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of proliferative/neoplastic changes are identified.

The left kidney measures 5.68×2.98 cm, with a cortical thickness of 0.52 cm in the sagittal plane. The right kidney measures 4.95×2.67 cm, with a cortical thickness of 0.53 cm. Both kidneys are normal in shape and size for a dog of this size (typically ~5–7 cm). The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.49 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measures 0.45 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

Splenic thickness is 1.90 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a gas pattern. Gastric wall thickness is 2.31 mm with preserved layering (within normal limits). The pylorus measures 4.28 mm. Duodenum: 3.25 mm. Jejunum: 2.06 mm.



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Ileum: 1.75 mm. Wall layering is preserved throughout. No ultrasonographic evidence of obstruction, foreign material, or significant small intestinal inflammation is identified. The colon appears empty and gas-filled. The transverse colon measures 2.49 mm, and the descending colon measures 3.19–3.53 mm. This apparent thickening is likely due to luminal collapse and is not considered a reliable indicator of true mural thickening.

Pancreas

The pancreas is not confidently visualized. The surrounding regions do not demonstrate overt evidence of peripancreatic inflammation or free fluid.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Descending colon appears thickened although it is collapsed (likely artifactual)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the findings are most consistent with an acute, non-specific gastrointestinal process. Early or functional gastrointestinal disorders, including acute enteritis, may not produce detectable ultrasonographic abnormalities at this stage. No evidence of significant inflammatory enteropathy, or other surgical pathology, is identified on this examination.

The apparent urinary bladder wall thickening and colonic wall thickening are considered artifactual due to luminal underdistension/collapse and are not interpreted as true pathology.

The pancreas is not adequately visualized; therefore, pancreatic disease cannot be fully excluded, although there are no secondary ultrasonographic signs of pancreatitis (such as peripancreatic fat inflammation or free fluid). Given the negative cPLI, clinically significant pancreatitis is considered unlikely

Recommendations

- Supportive care and clinical monitoring are appropriate given the absence of ultrasonographic abnormalities.
- The urinary bladder findings are considered artifactual due to underdistension; however, monitoring for the development of lower urinary tract signs may be considered if clinically indicated.



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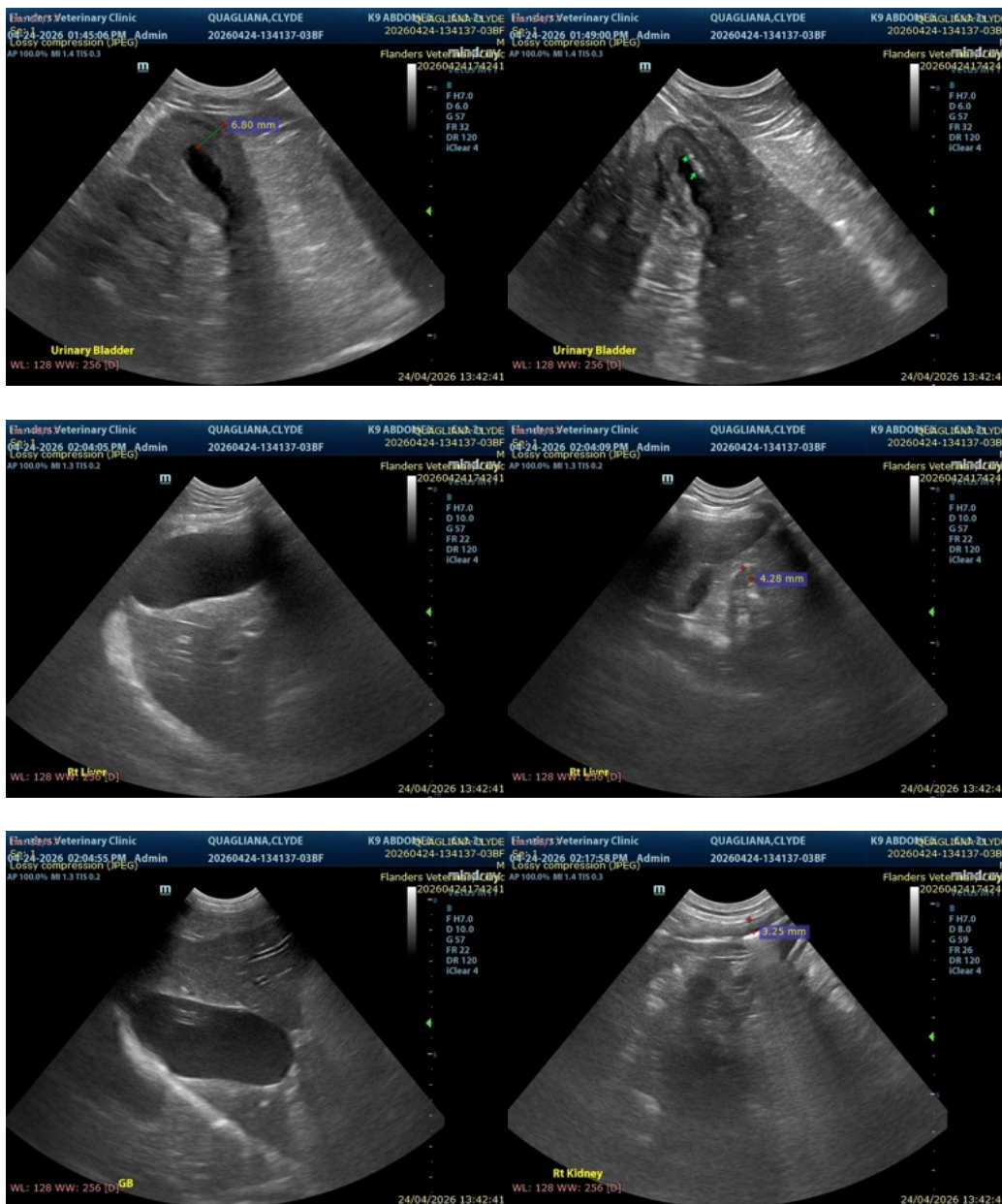
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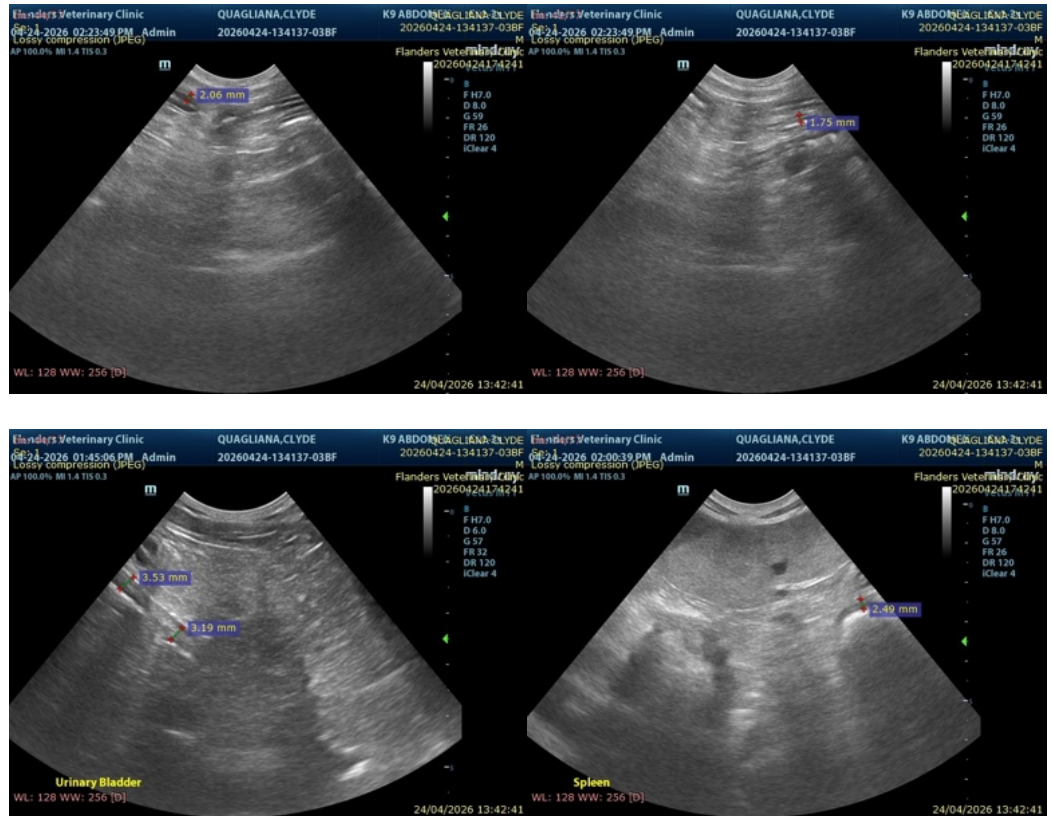
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com